PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

			ICATIO	N FEE DETE	ERMINATIO				Applic	ation or Docket N ALPI18833		
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR SMALL ENTITY		
FOR NU			BER FILEC	ER FILED NUMBER		R EXTRA RATE		FEE (\$)	1	RATE (\$)	FEE (\$)	
	SIC FEE CFR 1.16(a), (b), or	(c))	N/A		N/A	N/A			1	N/A	1 10	
SEA	ARCH FEE CFR 1.18(k), (I), or		N/A		N/A	N/A	NEA		1	N/A		
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))			N/A		N/A		N/A		i	N/A		
37	TAL CLAIMS CFR 1.16(i))		minus 2	10 =		×	х =		OR	х =		
NDEPENDENT CLAIMS 37 CFR 1.16(h))		NMS	minus 3 = •			×	х =		1	× =		
FEE	PLICATION SIZE CFR 1.16(s))	sheets of is \$250 addition	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						N/A				N/A		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	. [TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S	5)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(0)		Minus		•	×			OR	x *		
	Independent (37 CFR 1.16(h))	•	Minus		-	x			OR	х =		
	Application Size Fee (37 CFR 1.16(s))						┪		- C.			
<	FIRST PRESENTATION OF MULT:PLE DEPENDENT CLAIM (37 CFR 1.16(ii))						ヿ		OR	N/A		
_						TOTAL ADD'L FE	ΕÌ		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)		•					
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (9	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	16	Minus	20	• 0	×	-		OR	х =		
2	independent (37 CFR 1.16h))	. 3	Minus	 3	- 0	×			OR	х =		
M	Application Size Fee (37 CFR 1.16(s))						\dashv					
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16())					N/A			OR	N/A		
						TOTAL ADD'L FE	E		OR	TOTAL ADD'L FEE		
-	" If the "Highest I " If the "Highest I The "Highest No collection of infor	Number Previous Number Previously umber Previously	ly Peid For y Peid For Peid For	y in column 2, with IN THIS SPACE IN THIS SPACE Total or independ R 1.16. The info	is less than 20, is less than 3, e lent) is the hight	enter "20". nter "3". est number four	id in ti	he appropriate in a benefit b	box in o	column 1. Iblic which is to fi	le (and by th	

USPTO to proceed) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including applienting, proporting, and submitting the completed application from the HUSPTO. This will very depending upon the included case. Any comments including applienting, proporting, and submitting the completed application from the HUSPTO. This will very depending upon the included case. Any comments on the amount of the you inequit to complete this form and/or suppositions for neutring this borden, about 50 the total to the foliable date on the medium of the information Officer. U.S. Patient and the amount of the patient of Commence, P.O. Box 1450, Alexandria, VA 2231-450, DO NOT SERS FEES OR COMPLETED FORMS TO THIS ADDRESS. SERIO TO. Commissionator for Patients, P.O. Box 1450, Alexandria, VA 2231-3140.